

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	Hunterdon Central Regional High School	County:	Hunterdon
2	Employee Organization:	Hunterdon Central Administrators Assoc.	Number of Employees in Unit:	14
3	Base Year Contract Term:	2015-2018	New Contract Term:	2018-2021

**SECTION II: Type of Contract Settlement (please check only one)**

- 4  Contract settled without neutral assistance  
 S  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  Contract settled with assistance of super-conciliator  
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ 1795394
10	Longevity Costs In Base Year	\$ 27125
11	Total Salary Base	\$ 1822519

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	2018-2019	2019-2020	2020-2021		
13 Cost of Salary Increments (\$)	30137	18750	12448		
14 Salary Increase Above Increments (\$)	20136	29236	34888		
15 Longevity Increase (\$)	2650	5275	1900		
16 Total \$ Increase (sum of lines 13-15)	52923	53261	49236		
17 New Salary Base (\$)	1875442	1928703	1977939		
18 Percentage Increase over prior year	2.90 %	2.84 %	2.55 %		%

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

*\*If contract duration is longer than five years, please add an additional page.*

## **SECTION VI: Medical Costs**

		Base Year	Year 1
21	Health Plan Cost	\$ 279537.64	\$ 315115.60
22	Prescription Plan Cost	\$ 65342.80	\$ 68900.32
23	Dental Plan Cost	\$ 18502.56	\$ 19058.88
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 363383.00	\$ 403074.80
26	Employee Insurance Contributions	\$ 113297.65	\$ 133866.18
27	Employee Contributions as % of Total Insurance Cost	31.18	33.21

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.

None.

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Gymlyn Corbin

Position/Title: Business Administrator/Board Secretary

Signature: Gymlyn Corbin

Date: July 3, 2018

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Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

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NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

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